BARBADOS
CIVIL AVIATION DEPARTMENT

MANAGEMENT PERSONNEL BIOGRAPHICAL DATA

(To be completed by the Nominee)

1. Company name:	2. Company address:
3. Name of nominee:	4. Position:

5. Status: ☐ Permanent ☐ Contracted - Full Time ☐ Contracted - Part Time

6. Qualifications relevant to item (4) position. Complete attachment A (copy additional sheets as required):

7. Work experience relevant to item (4) position. Complete attachment B (copy additional sheets as required):

8. I,…… hereby confirm that
(Print Name)

(1) I have not

(a) held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor

(b) contributed materially to the revocation or suspension of an aviation document issued by a civil aviation authority

(2) The information provided on this form is true and correct to the best of my knowledge .

Signature:…….. Date:……

9. For BCAD Official Use Only

Received by:

Signature: …….. Name: ……

Date: ……. Position: …….

Attach copies of certificates/proof of experience to this form in support of information supplied.

Attachment A:

Item No.	Details of Qualifications relevant to item (4) position	Date From	Date to

Attachment B:

Item No.	Details of Work Experience relevant to item (4) position	Date From	Date to